

| POSITION                  | INITIALS | ID NO.   | DATE    |
|---------------------------|----------|----------|---------|
| FEE DETERMINATION         |          |          |         |
| O.I.P.E. CLASSIFIER       | 25       | 01-31-00 |         |
| FORMALITY REVIEW          |          |          |         |
| RESPONSE FORMALITY REVIEW | PK       |          | 2/24/00 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date     |
|----------|----------|
| Final    | 01/01/00 |
| Original | 01/01/00 |
| 1        | 01/01/00 |
| 2        | ✓        |
| 3        | ✓        |
| 4        | ✓        |
| 5        | ✓        |
| 6        | ✓        |
| 7        | ✓        |
| 8        | ✓        |
| 9        | ✓        |
| 10       | ✓        |
| 11       | ✓        |
| 12       | =        |
| 13       | =        |
| 14       | ✓        |
| 15       | ✓        |
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| 25       | ✓        |
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| 29       | ✓        |
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| 37       | ✓        |
| 38       | ✓        |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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